



# CONTINUING SEPTAGE EDUCATION COURSE APPROVAL APPLICATION

Authority: Act 451, PA 1994

Mail Completed form to:  
Michigan Department of Environmental Quality  
Water Bureau  
Lansing Operations Division, DWEHS  
P.O. Box 30273  
Lansing, MI 48909-7773  
Internet Address: [www.michigan.gov/deqseptage](http://www.michigan.gov/deqseptage)

## **DO NOT WRITE IN THIS BOX**

Approved: Yes [ ] No [ ]

Approval Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Contact Credit Hours \_\_\_\_\_

Comments \_\_\_\_\_

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**REQUIRED STANDARDS-** For approval, the following standards must be met for each Educational Course.

1. Application should be submitted in no less than 60 days prior to scheduled date of course.
2. Subject matter should relate to septage waste servicing, land application, septage waste treatment, or on-site wastewater treatment. Other subject matter will be considered on a case by case basis.
3. A **course outline or agenda** showing the duration of the course including start and end time, topics, break time, lunch, tour, etc, must be submitted.
4. Written verification **of course completion** must be provided to all participants.
5. The applicant should also provide a complete listing of participants to the Department of Environmental Quality (DEQ) **not more than two weeks** after course offering in the form provided by DEQ.
6. Instructors must be identified concurrently with this application.

## **I. APPLICANT INFORMATION**

Organization or Company Name			Telephone Number
Name of Contact Person	Signature		Fax Number
Mailing Address	City	State	Zip
E-mail Address	Website		Date

**II. COURSE INFORMATION** - Submit or attach the following information on each educational course for which approval is desired. Reference to attachments may be noted in the appropriate space.

1. Course Name \_\_\_\_\_
2. Number of Continuing Septage Education Credit Hours requested (whole number only, excluding breaks, lunch, travel time, etc.) \_\_\_\_
3. Course Offering Date (s) \_\_\_\_\_
4. Proposed Location Where Course will be Offered \_\_\_\_\_
5. Course Description: Include how this training relates to the duties, responsibilities, operation, maintenance, or supervision of a septage waste servicing business, septage waste treatment, or on-site wastewater treatment and disposal. Use additional sheet(s) if necessary.  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_
6. List the instructional materials used for the course. \_\_\_\_\_  
  
\_\_\_\_\_

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7. Attendance Monitoring and Verification (Check all that apply) ☐ Sign In and Out ☐ Badge Scanning  
☐ ID Verification ☐ Other \_\_\_\_\_
8. Criteria or performance measurement used to determine a participant's course completion? (Check any or all that apply)
- ☐ Attend and participate in each session ☐ Pass course ending quiz or exam
- ☐ Satisfactorily perform a learned technique or skill ☐ Other \_\_\_\_\_
9. This course will be offered on a regular basis. ☐ Yes ☐ No ☐ Do not know
- If yes, approximate repeat offering ☐ Every 6 months or less ☐ Every 6 -12 months ☐ Over 12 months
10. Has this course been approved before? ☐ Yes ☐ No ☐ Do not know

**III. INSTRUCTOR INFORMATION**

1. Names and Titles of Instructors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Attachment (s): Write in the open space below or attach any additional information about the course.